

THE CLEVELAND MUSEUM OF ART
 FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
 MAY 8 to JUNE 16, 1963

PLEASE
LETTER
PLAINLY
OR TYPE

Neva
FIRST NAME

Hanser
LAST NAME

Address 19020 Newton Ave Euclid 19
NO. STREET CITY ZONE

Cuyahoga
COUNTY

Tel. 1V-1-3876

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

NUMBER FOR SALE	NUMBER IN EDITION (Graphic Prts.)	PRICE	TITLE	MEDIUM	CLASS	DO NOT WRITE IN THESE COLUMNS
10	20	#30 ⁰⁰ *	The Looking Glass	Woodcut	4	1995 ✓
10	20	25 ⁰⁰ **	Sleeper	Woodcut	4	1996 ✓
10	20	25 ⁰⁰	Reclining Figure	Woodcut	4	
8	10	45 ⁰⁰ ***	CENTRAL PARK 5.30 PM	Woodcut	4	1998 ✓
			* frames: \$8			
			** "			
			*** "			

Use second blank if required

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

ruoffansen

SIGNATURE _____

REC'D MAR 11 1968